

DEPARTMENT OF THE ARMY  
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER  
6900 Georgia Avenue, NW  
Washington, DC 20307-5001

NR-1 Nursing Policy

23 July 2005

**Provision of Nursing Care**

**1. Purpose:** To define Nursing's role in the plan for the provision of patient care and describe the scope of service for WRAMC Nursing.

**2. References:**

- a. American Nurses Association, Scope and Standards of Practice, 2004.
- b. AR 40-3, Medical, Dental and Veterinary Care, 12 November 2002.
- c. Joint Commission on Accreditation of Healthcare Organization, 2005 Hospital Accreditation Standards, 2005.
- d. WRAMC Reg 40-92, Patient Care Committees, Boards and Councils, 1 June 2002.
- e. AR 570-4, Manpower Management, 15 May 2000.
- f. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- g. WRAMC Regulations
- h. WRAMC Nursing Policies

**3. Responsibilities:** The Deputy Commander for Nursing (DCN):

- a. Provides direction and leadership for all nursing activities within the Medical Center. Advises the Commander and other leadership staff on all matters pertaining to nursing services and personnel across all department/divisions.
- b. Participates in the organizational leadership to include membership on the hospital's Executive Committee of the Medical and Administrative Staff in addition to the Governing Body. Analyzes data for corporate decision

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- making and participates in discussions and decisions pertaining to mission, budget, resource management, access to care, performance improvement, and patient safety initiatives to support the delivery of quality health care.
- c. Ensures standards of nursing practice and patient care standards are implemented in all areas providing nursing care.
  - d. Ensures appropriate number and skill mix of nursing staff are available and qualified to provide patient care.
  - e. Ensures current research findings are integrated into policies and procedures guiding the delivery of nursing care as well as standards of patient care and nursing practice.

#### **4. Scope of Services:**

- a. Patient care is the systematic provision of interdisciplinary healthcare interventions designed to meet patients' physiological, psychological, and psychosocial needs with the goal of maintaining the highest level of health possible.
- b. Nurses are responsible and accountable for all activities embodied in the practice of nursing, based on the nursing process. Nursing includes assessment of patient needs in terms of the client's response to actual or potential health problems, goal directed planning of care related to the identified needs, implementation or supervision of care, and evaluation of the effects of care in relation to expected outcomes.
- c. Nursing care is provided under the auspices of a professional nurse in all inpatient as well as specified outpatient clinics and other settings to include perioperative services, community health services, and emergency services. Care is provided to a diverse patient population and encompasses the continuum of services from health promotion and wellness to the acute and highly complex disease/problem categories. Inpatient and emergency nursing services are available twenty-four hours per day.
- d. Registered Nurses (RN) provide nursing and supportive care functions. Licensed Vocational/Practical Nurses, operating room, telemetry, and psychiatric technicians, as well as military medics/civilian unlicensed assistive personnel assist in the provision of patient care and interventions under the direction of a professional RN. Nursing and supportive care is provided by military, civilian and contract personnel.

**5. Patients Served:** Age specific patient care is provided to patients ranging in ages from neonate to geriatric. The descriptions of specific patient populations by inpatient, outpatient, and community services are detailed in individual unit scopes of service.

**6. Complexity of Patient Care Needs:** The complexity of patient care needs ranges from wellness and health promotion education through intensive inpatient and end of life care. Patient needs are addressed at the individual, family, and population levels. Specific descriptions are detailed in the individual unit scopes of service.

**7. Methods used to Assess and Meet Patient Care Needs:** Nursing uses a variety of mechanisms to assess requirements and plan patient care services. Patient population demographics, beneficiary needs, and hospital mission determine services provided in accordance with professional nursing organizations' standards of care. Services are further refined based on patient satisfaction, outcomes and performance improvement/ risk management data. The data are used to develop programs and services to meet patient needs, as well as evaluate effectiveness.

**8. Staffing:**

- a. Each unit's overall minimal essential staffing requirements are defined by the Automated Staffing Assessment Model (ASAM), based on medical planning factors and historical workload. Determination of manpower requirements is a continuous process in which requirements are established, increased, decreased, and eliminated in response to changes in a unit's workload, missions, programs, procedures, technology, and leadership philosophy. Daily measurement and determination of workload is accomplished through the Workload Management System for Nursing (WMSN) on inpatient areas.
- b. WMSN is a management tool used to assess nursing personnel staffing based on patients' nursing care needs. Nurses classify patients according to an assessment of their nursing care needs for the next 24 hour period and determine the total number of nursing care hours (NCH) a unit's patients will require. This system provides solid factors to begin planning for patient care. The WMSN cannot stand as a single method for determining staffing requirements but can provide a good starting point for assessing the staffing needs of the unit when used in conjunction with other staff planning variables.
- c. The Head Nurse and NCOIC formulate a unit nursing core staffing plan, defining the number and mix of nursing personnel required in accordance with professional judgment and current patient care needs. Staffing plans

take into consideration the American Nurses Association “Principles for Nursing Staffing” and are contingent upon patient care, unit, staff and organization variables. Patient care variables are reflected in the WMSN, and include number of patients, level of acuity, and additional factors that may impact patient needs. Unit variables include characteristics of the unit’s care intensity, configuration and delivery support functions. Staff related variables reflect the specific needs of patient populations and determine the appropriate clinical competencies required of the nursing staff. Organization related variables include areas such as support services (clerical, transport, housekeeping, laboratory), and access to timely, relevant and accurate information.

- d. Staffing is also adjusted based on patient need, staff expertise and experience. When additional staff are required to respond to increased patient care demands, augmentation is accomplished by detailing individuals from one area to another, supplementing core staff with contract employees or adjusting staffing schedules by initiating the “on call” roster or soliciting volunteers from the permanent staff to work overtime. Each nursing unit will develop a baseline core staffing plan matrix template based on the above factors.
- e. As of 1 July 2002, staffing effectiveness is also evaluated by analysis of data from human resource and clinical indicators. The two human resources indicators selected by the WRAMC are Nursing Care Hours per Patient Day (NCHPPD) and Skill Mix. The two clinical indicators selected by the organization are patient falls and medication errors.
- f. Nursing care is provided to patients in the areas listed below. See Appendix B for individual unit Scopes of Services, with the exception of Ambulatory Nursing. Scopes of Services for Ambulatory Nursing areas are located in the respective Departmental /Service Plan for Provision of Patient Care.
  - 1) Critical Care Nursing Section
    - 40 Coronary Care Unit
    - 41 Coronary Care Stepdown
    - 45A Surgical Intensive Care Unit
    - 45B Medical Intensive Care Unit/Pediatric Intensive Care Unit
    - 45C Intermediate Care Unit
    - 46 Cardiothoracic
    - 48D Dialysis
    - Post Anesthesia Care Unit
  - 2) Surgical Neuroscience Services Section
    - 57 Orthopedic Surgery

- 58 Neurosurgery
  - 65 GYN/Plastic Surgery
  - 66/67 Preadmission Unit/Short Stay Unit
  - 68 General/Vascular Surgery
- 3) Medical /Psychiatric Nursing Section
- 53 Partial Hospitalization Program
  - 54 Psychiatry
  - 71 Medical-Oncology
  - 72 Eisenhower Executive Suite
  - 75 General Medicine
- 4) Pediatric Nursing Section
- 51 Pediatric Ward
  - 52 Pediatric Sedation
  - Pediatric Clinic
  - Pediatric Hem/ONC Clinic
- 5) Perioperative Nursing Section
- Operating Room
  - Central Material Service
- 6) Ambulatory Nursing Section
- Allergy Clinic
  - Cardiac Catheterization Laboratory
  - Cardiology Clinic
  - Comprehensive Breast Center
  - Emergency Room
  - Endocrinology Clinic
  - ENT Clinic
  - Gastroenterology Clinic
  - General Internal Medicine Clinic
  - General Surgery Clinic
  - Gynecology Clinic
  - Hematology/Oncology Clinic
  - Infectious Disease Clinic
  - Nephrology Clinic
  - Neurology Clinic
  - Oral Surgery Clinic
  - Orthopedic Clinic
  - Pain Clinic
  - Pulmonary Clinic
  - Radiology

- Rheumatology Clinic
- Urology Clinic
- Vascular Surgery Clinic
- Pentagon Health Clinic
- Ft. McNair Health Clinic

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**9. Evaluation:**

- a. The Plan for Provision of Nursing Care will be reviewed annually in conjunction with strategic planning to ensure integration with the WRAMC Plan for the Provision of Patient Care.
- b. Staffing effectiveness is evaluated by analysis of the relationship between human resource data (Nursing Care Hours per Patient Day and Skill Mix) and clinical outcome indicators (patient falls and medication errors). Staffing effectiveness analyses will be reported at the unit, section, department and organizational levels. Nurse staffing and clinical indicator data are reported to the Nursing Leadership Committee, and the Executive Committee of the Medical and Administrative Staff.

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JOAN P. EITZEN  
COLONEL, AN  
Deputy Commander for Nursing